

Laurel Pet Hospital
Dog/Puppy Adoption Agreement

7970 Santa Monica Blvd.
West Hollywood, ca 90046
(323) 654-7060

Name _____

Name of Spouse/Roommate(s). _____

Address _____

Type of dwelling? (House, Apartment, etc.) _____

Do you rent/own? _____ If you rent do you have the landlords permission? _____

Home Phone# _____ Work Phone# _____

Will you allow an inspection of your home? _____

If this relationship changed where would the dog live? _____

Who will be responsible for the dog's care? _____

If you become ill or unable to care for the dog, what will happen to it? _____

Is anyone in your household allergic to dogs? _____

How many hours per day will the dog be left alone? _____

Would the dog have access to a balcony? _____

Do all your windows have secure screens? _____

Do you have other pets? _____ Are these pets spayed/neutered? _____

What amount of time will the dog be allowed outdoors? _____

What amount of time will the dog be kept indoors? _____

Where will the dog sleep? _____

Have you previously owned a dog? _____ Have you ever bred a dog? _____

At what age do you plan to spay/neuter this dog? (If a Puppy) _____

If the dog became ill what would you do? _____

Are you able to care for this dog financially? _____

Who will care for this dog while you travel? _____

Your veterinarian: Hospital/Clinic Name: _____

Address _____ Phone Number _____

If you move what will happen to the dog? _____

Under what circumstances will you not keep the dog? _____

If the dog chewed the furniture or was otherwise destructive what would you do? _____

FOR OFFICE USE ONLY

Screener _____ Date _____

Screener Approval _____